

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032773

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 308

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY

LAWRENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN MT. VERNON

Length of stay in 1b

1 yr. 9 mos. & 15 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION MISSOURI STATE SANATORIUM

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY HOWELL

c. CITY

OR TOWN WEST PLAINS

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 321 E. CLEVELAND

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First NANCY

Middle FLORENCE

Last CASEY

4. DATE

OF DEATH

Month

AUG

Day

31

Year

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married

Widowed ☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

10-3-1907

9. AGE (last birthday)

55 YRS

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

BASEVILLE, ARKANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILL BURNS

13b. MOTHER'S MAIDEN NAME

NETTIE GORDON

14. NAME OF HUSBAND OR WIFE

ERBERT J. CASEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

69

17. INFORMANT

HOSPITAL RECORD, MO. STATE SAN. MT. VERNON, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY TUBERCULOSIS FAR ADVANCED

INTERVAL BETWEEN ONSET AND DEATH

6+ YRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOV. 16, 1961 to AUG. 31, 1963 and last saw her alive on AUG. 31, 1963

Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. Vernon Longmire, M.D.

22b. ADDRESS

MO. STATE SAN. MT. VERNON, MO.

22c. DATE SIGNED

8-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Aug 31-63

23c. NAME OF CEMETERY OR CREMATORY

Summit Cerm

23d. LOCATION (City, town, or county)

N.E. MT. VERNON

(State)

MO

24. FUNERAL DIRECTOR

Smith F. Hume - MT. VERNON, MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

9-5-63

26. REGISTRAR'S SIGNATURE

Ray Grantham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS:300
Rev:4/59

1 0550

2 0465

3 2

4 1

5 1

6

7 1

8 2

9 002.1

10

11

12 93.0

13 5.0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James D. Crofton

Licensed Embalmer No. 4668

P. O. Address Purora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

0220
2440
4

0-38